

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

Registered No.

STANDARD CERTIFICATE OF BIRTH

County Gila State Arizona

Township _____ or Village _____

City Safford No. 2014 St. _____ Ward _____

City Dayton No. 11 St. 11th Ward 11
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Ethan Cliff If child is not yet named, make supplemental report, as directed

3. Sex	If plural births	4. Twin, triplet, or other	5. Premature	6. Legitimate?	7. Date of birth
Female		5. Number, in order of birth	Full term	Yes	Dec 15, 1952 (Month, day, year)

9. Full name William Eugene Clark FATHER 13. Full maiden name Marret Boren MOTHER

10. Residence (usual place of abode) *Atsugi*
(If non-resident, give place and state)

19. Residence (usual place of abode) *Atsugi*
(If non-resident, give place and state)

11. Color or race White 12. Age at last birthday 35 (Years) 20. Color or race White 21. Age at last birthday 97 (Years)

13. Birthplace (city or place) London
(State or country) Prison

22. Birthplace (city or place) Glenn
(State or country) Prison

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. *Cosier Mills*

18. Date (month and year) last engaged in this work	19. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
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27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living... 3 (b) Born alive but now dead... 0 (c) Stillborn... 0

28. If stillborn, period of gestation.....	months or weeks	29. Cause of stillbirth	Before labor
			During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 4:30 A. m. on the date above stated.
(Born alive or ~~born dead~~)

(When there was no attending physician or midwife, then the father, householder, or other person present at the birth, should make this return.)

(Signed) Charles B. Stewart M.D.

Given named added from supplemental report

536-1215-425 (Date of) Address 1014 1/2 W. 1st St. -
Filed Jan 17 1932 WTO Push

Registrar.